

InSOPHE Membership Application

Membership includes:

Reduced fees for semi-annual workshops * Quarterly newsletter * Weekly Listserv News * Reduced InSOPHE dues if you are a national member of SOPHE * Opportunities for FREE CHES hours * On-line Membership directory

Membership Information (please print)

Name/Degree(s)/Certification(s): _____

Major for Each Degree Listed Above: _____

University Attended for Each Degree: _____

Work Information:

Title: _____ Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____ Work e-mail _____

Home Information (optional):

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____ Home e-mail _____

Preferred e-mail/ mailing address: Work address Home address

Preferred Information to be included in Membership Directory: Work address Home address Neither

Are you a CHES? No Yes, if so, CHES # _____

Are you a national member of SOPHE? No Yes

Committees:

Please indicate the committee(s) on which you are willing to work:

- Advocacy Bylaws/Leadership Communications
 Continuing Education Membership

Annual Dues:

- | | |
|--|------|
| <input type="checkbox"/> Professional Member | \$30 |
| <input type="checkbox"/> Student Member (Enrolled full time in health education/promotion program) | \$20 |
| <input type="checkbox"/> Professional, National SOPHE Member | \$25 |
| <input type="checkbox"/> Student, National SOPHE Member | \$15 |
| <input type="checkbox"/> Emeritus Member | \$25 |

Dues Total \$ _____

Make checks payable to InSOPHE. Mail check & registration to:
InSOPHE * P.O. Box 44407 * Indianapolis, IN 46244
You can also join or renew on-line at: www.insophe.org